

PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL  
FORM**

(to be used for all correspondence after Initial Filing)

Application Number	10/021,313
Filing Date	DECEMBER 19, 2001
First Named Inventor	DAVID J.P. BAAR
Art Unit	2672 ✓
Examiner Name	CHANTE E. HARRISON
Attorney Docket Number	16350-21U3

Total Number of Pages in This Submission

4

RECEIVED  
CENTRAL FAX CENTER

JUN 21 2004

OFFICIAL

**ENCLOSURES** (Check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance communication to Technology Center (TC)        |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                     | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input checked="" type="checkbox"/> Power of Attorney, Revocation         | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Change of Correspondence Address                 | <input type="checkbox"/> Other Enclosure(s) (please identify below):                    |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer                              |   |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund                               |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____                        |   |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    |   |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

**Remarks**COPY OF CHANGE OF CORRESPONDENCE ADDRESS (WITH RECEIPT CARD)  
ORIGINALLY FILED JUNE 27, 2003.**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	JOSEPH CONNEELY (REG. NO. 54,883) OGILVY RENAULT (CUST. NO. 20988)
Signature	<i>J. Conneely</i>
Date	JUNE 21, 2004

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	JOSEPH CONNEELY (REG. NO. 54,883)
-----------------------	-----------------------------------

Signature	<i>J. Conneely</i>	Date	JUNE 21, 2004
-----------	--------------------	------	---------------

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY

PTO/SB/122 (05-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF  
CORRESPONDENCE ADDRESS**  
*Application*Address to:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450.

Application Number

See attached list

Filing Date

First Named Inventor

Art Unit

Examiner Name

Attorney Docket Number

RECEIVED

CENTRAL FAX CENTER

JUN 1 2004

Please change the Correspondence Address for the above-identified patent to:

☒ Customer Number

020988

Type Customer Number here

Place Customer  
Number Bar Code  
Label here

OFFICIAL

OR

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

☐ Applicant/Inventor☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.7(b) is enclosed. (Form PTO/SB/96).☒ Attorney or Agent of record.☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_Typed or Printed  
Name

Jonathan Pollack, Reg. No. 49,065

Signature

Date

June 25, 2003

Telephone

416-340-6192

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY

<u>Item</u>	<u>United States Application No.</u>	<u>Filing Date</u>	<u>Attorney Docket Number</u>
1	09/956,241	20/09/2001	16350-16US
2	09/978,773	18/10/2001	16350-19US
3	09/946,806	06/09/2001	16350-14US
4	09/932,088	20/08/2001	16350-13US
5	10/021,313	19/12/2001	16350-21US
6	10/137,648	03/05/2002	16350-26US
7	10/166,736	12/06/2002	16350-30US
8	10/289,453	07/11/2002	16350-35US

PROPERTY OF: DOWELL & DOWELL, P. C., Suite 309, 1215 Jefferson Davis Hwy, Arlington, Virginia 22202, Telephone (703) 415-2555  
In re U.S. Patent Application of:

8 separate patent applications

Serial No.:

Filed:

Examiner:

Title:

Atty. Docket No.:

**THE U.S. PATENT AND TRADEMARK OFFICE STAMP INDICATES DATE OF FILING  
OF THE FOLLOWING MARKED DOCUMENTS**

Change of Correspondence Address with respect to 8 separate patents applications as listed below:

09/956,241  
09/978,773  
08/946,806  
09/932,088  
10/021,313  
10/137,648  
10/166,736  
10/289,453

